.300
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FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29437

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7257

1. PLACE OF DEATH
a. COUNTY CITY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (In this place) /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Res. 4739 COTE BRILLIANTE AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MISSOURI
b. COUNTY 2069
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 4739 COTE BRILLIANTE AVE.

3. NAME OF DECEASED (Type or Print)
a. (First) NEWTON
b. (Middle) JASPER
c. (Last) FITZHUGH

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH SEPT. 5, 1873
9. AGE (In years last birthday) 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR
10b. KIND OF BUSINESS OR INDUSTRY PAINTING
11. BIRTHPLACE (City and State or Foreign Country) AMERICUS, MO.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME TOM FITZHUGH
13b. MOTHER'S MAIDEN NAME NANCY BROOKSHIRE
14. NAME OF HUSBAND OR WIFE ALICE FITZHUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No — (If yes, give war or dates of service) **** ****
16. SOCIAL SECURITY NO. 498-01-8951
17. INFORMANT'S SIGNATURE OR NAME RUTH FITZHUGH — **ADDRESS** 4739 COTE BRILLIANTE AVE.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Fail. — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer Bladder Urinary — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 181X

22. *I hereby certify that I attended the deceased from* 8-2, 1948 *to* 7-26, 1952, *that I last saw the deceased alive on* 7-24, 1952, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. W. Hundelshausen (Degree or title) M.D.
23b. ADDRESS 4500 Olive
23c. DATE SIGNED 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JULY 30, 1952
24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY
24d. LOCATION (City, town, or county) ST. LOUIS (State) MISSOURI

DATE REC'D BY LOCAL REG. Jul 28 1952
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ALEXANDER & SONS, INC. **ADDRESS** 6175 DELMAR BLVD.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. W. Henderlite
4500 Olive St.
For. 3800
4-30-24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Jos-E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6143 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.